

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22050

State File No. _____

0080

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRIGHTON 0840</u>	
c. LENGTH OF STAY (In this place) <u>1 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			
3. NAME OF DECEASED a. (First) <u>OSCAR</u> b. (Middle) <u>WALLACE</u> c. (Last) <u>Bell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Oct 16, 1881</u>
9. AGE (In years last birthday) <u>72</u>		IF OVER 1 YEAR Months <u>8</u> Days <u>15</u>	
IF UNDER 1 YEAR Hours <u></u> Min. <u></u>		IF UNDER 1 WEEK Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>John Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Hunt</u>	14. NAME OF HUSBAND OR WIFE <u></u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>549-22-5107</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oren Bell, Marschfield, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 min</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fatty plaque</u> <u>4 yrs</u> DUE TO (c) <u>Atherosclerosis</u> <u>10 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>never</u> , 19___, to <u>never</u> , 19___, that I last saw the deceased alive on <u>never</u> , 19___, and that death occurred at <u>7:28 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Harold B. Underhill</u>		23b. ADDRESS <u>Colo Camp Mo</u>	23c. DATE SIGNED <u>7/31/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7/31/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marschfield</u>	24d. LOCATION (City, town, or county) (State) <u>Webster Marschfield Mo</u>
DATE REC'D BY LOCAL REG. <u>Aug 1, 1954</u>	REGISTRAR'S SIGNATURE <u>Geo. A. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u>	ADDRESS <u>Warson</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 24 1955

AUG 10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John F. Reese

Licensed Embalmer No. 4098

P. O. Address Wawaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.